

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		8/2/94
O.I.P.E. CLASSIFIER			10-8
FORMALITY REVIEW		64694	10-8

## INDEX OF CLAIMS

.....	Rejected	N	.....	Non-elected
.....	Allowed	I	.....	Interference
(Through numeral).....	Canceled	A	.....	Appeal
.....	Restricted	O	.....	Objected

Claim	Original	Date
1	✓	12/5/12
2	✓	12/6/12
3	✓	11/11/12
4	✓	12/11/12
5	✓	12/11/12
6	✓	12/11/12
7	✓	12/11/12
8	✓	12/11/12
9	✓	12/11/12
10	✓	12/11/12
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45	✓	12/11/12
46	✓	12/11/12
47	✓	12/11/12
48	✓	12/11/12
49	✓	12/11/12
50	✓	12/11/12

Claim		Date					
Final	Original						
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Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions  
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